

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT #

L02000008141

1. Limited Liability Company's Name

Speros Moody Ventures II LLC

300065076583

02/02/06--01020--017 **305.00

CR2E041 (8/05)

2. Principal Office Address

1939 Tyler St.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Zip

33020

Country

US

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

4/5/2002

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Thomas W Moody

Street Address (P.O. Box Number is Not Acceptable)

1939 Tyler St.

Suite, Apt. #, Etc.

City

Hollywood

State
FL

Zip Code

33020

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-25-2006

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MM	Thomas W Moody	1939 Tyler St	Hollywood FL 33020
MM	John T. Speros	2039 OLD Forge Way	Marietta GA 30068

REINSTATEMENT 03-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

[Signature]

Date 1-25-2006 Daytime Phone# 954-600-7617

Typed or printed name of signing Managing Member/Manager

TOM MOODY